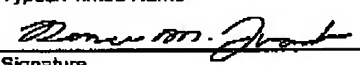




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DATE: June 3, 2005 TO: COMMISSIONER FOR PATENTS, U.S. PATENT & TRADEMARK OFFICE FAX NO: (703) 872-9306 (GENERAL/MAIN FAX LINE) NO. OF PAGES: Cover + 10		
CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Renee M. Franks Typed/Printed Name  Signature June 3, 2005 Date	APPLICATION NO.	10/633,145
	FILING DATE	07/31/2003
	FIRST NAMED INVENTOR	Ken L. Chang, et al.
	ART UNIT	2653
	CONFIRMATION NO.	5429
	EXAMINER	Mark S. Blouin
	ATTORNEY DOCKET NO.	K35A1301
TITLE	STAMPED ACTUATOR ARM HAVING LONGITUDINALLY SPACED-APART STAMPED PROTRUSIONS FOR SUPPORTING A TRACE SUSPENSION FLEX	

ATTACHED WITH THIS SUBMISSION:

1. Transmittal Form (1 page)
2. Fee Transmittal (1 page)
2. Response to Non-Final Office Action dated 03/03/2005 (8 pages)

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. IF THERE IS ANY PROBLEM WITH THIS TRANSMISSION, PLEASE CALL RENEE M. FRANKS AT (949) 672-7871.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

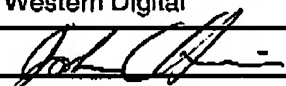
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/633,145
	Filing Date	07/31/2003
	First Named Inventor	Ken L. Chang, et al.
	Art Unit	2653
	Examiner Name	Mark S. Blouin
Total Number of Pages in This Submission	Attorney Docket Number	K35A1301

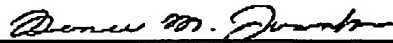
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Western Digital		
Signature			
Printed name	Joshua C. Harrison, Esq.		
Date	June 3, 2005	Reg. No.	45,686

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Renee M. Franks	Date	June 3, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006, OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)****Complete If Known**

Application Number	10/633,145
Filing Date	07/31/2003
First Named Inventor	Ken L. Chang, et al.
Examiner Name	Mark S. Blouin
Art Unit	2653
Attorney Docket No.	K35A1301

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-1209 Deposit Account Name: WESTERN DIGITAL

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☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x 50 = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x 250 = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	45,686	Telephone	(949) 672-6119
Name (Print/Type)	Joshua C. Harrison, Esq.			Date	June 3, 2005

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JUN 03 2005 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Ken L. Chang, et al.

Serial No.: 10/633,145

Filed: 07/31/2003

For: STAMPED ACTUATOR ARM HAVING
LONGITUDINALLY SPACED-APART
STAMPED PROTRUSIONS FOR
SUPPORTING A TRACE SUSPENSION
FLEX

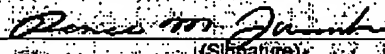
Art Unit: 2653

Examiner: Mark S. BLOUIN

Confirmation No.: 5429

Docket No.: K35A1301

RESPONSE TO NON-FINAL OFFICE ACTION DATED 03/03/2005MAIL STOP AMENDMENT
Commissioner for Patents
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June 3, 2005	Renee M. Franks
(Date)	(Type or print name)
	
(Signature)	

Dear Sir:

In response to the non-final Office Action mailed on 03/03/2005 for the above-identified patent application, please consider the following amendments and remarks.

Amendments to the **Specification** begin on page 2 of this paper.

Amendments to the **Claims** are reflected in the listing of claims that begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.